

NORTHERN CALIFORNIA VETERANS CEMETERY NEED FORM

P.O. Box 76, 11800 Gas Point Road, IGO CA 96047

1-800-777-4533, Fax 530-396-2523

Decedent Name: _____
(to be inscribed) (First) (Middle) (Last) (Suffix)

FUNERAL HOME

Contact Name: _____
(First) (Last)

Funeral Home: _____
Address: _____

Phone: _____ **Fax:** _____

NEXT OF KIN (NOK)

NOK's Name: _____
(First) (Middle) (Last) (Suffix)

Address: _____

Phone: _____ **Relationship:** _____

DECEDENT

SSN: _____ **Date of Death** _____ **Date of Birth** _____

Gender: ☐ Male ☐ Female **Relationship to Veteran:** _____

Religious Emblem: _____ **None:** _____ **Birth Place:** _____

Home of Record: _____
(city) (State) (Zip Code) (County)

VETERAN

SSN: _____ **Service #:** _____ **VA Claim #:** _____

Veteran Name: _____
(First) (Middle) (Last) (Suffix)

Military Status: ☐ Veteran ☐ Retired ☐ Active Duty ☐ Reserve ☐ Other/Unknown

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Unknown

Branch of Service: ☐ Army ☐ Army Air Corps (WWII Only) ☐ USAF ☐ USMC
☐ Coast Guard ☐ Merchant Marine ☐ Navy ☐ Other

Highest Rank (including Reserves and National Guard): _____

Active Duty Date(s): _____
Entered: _____ **Discharged:** _____

ARRANGEMENTS

Scheduling: **Day:** _____ **Service** ☐ **Service with Honors** ☐ **Honors Only** ☐ **Delivery Only** ☐
Date: _____ **Family will observe burial** ☐ **Mail** ☐

Services: 9:30, 11:00, 12:30 & 2:00- _____ **Delivery for Urns: 8:30 & 3:00-** _____

Casketed Interment ☐ **Urn Placement** ☐ **Facility:** Inside ☐ Outside ☐

Government Lined ☐ **Oversize** ☐ **In-ground** ☐ **Columbarium** ☐ **Honor Guard Contacted:**
Yes ☐ **No** ☐

Size of Urn/Vault: _____

VSO Contacted **Yes** ☐ **No** ☐ **If yes, which VSO did you contact:** _____

Previous Family Burials (Spouses and Children Only) _____

Remarks: _____

**PLEASE FORWARD ALL AVAILABLE MILITARY DOCUMENTS AND MARRIAGE LICENSE (if
request is for a non-veteran spouse)**